

UNCLASSIFIEDDEPARTMENT OF STATE
EXECUTIVE SECRETARIAT

ACTION SLIP

SADIX

E-41

Unclass.

(Attachment Classification)

S/S CONTROL NUMBER
8112058

ACTION ASSIGNED TO:

EUR / SovDATE: **4/15**

(Action Office Instructions on Reverse)

ACTION REQUESTED

 STATE TO NSC MEMO
 STATE TO with Draft reply for signature
by _____ with Comment or Recommendation DIRECT REPLY provide info copy under cover
of State-NSC transmittal form
 provide comeback copy
for _____ RECOMMENDATION FOR _____
with Memorandum for the President APPROPRIATE HANDLING FOR YOUR INFORMATION

CLEAR WITH:

DUE IN S/S BY:

4/20 *Congressional.*

REMARKS/SPECIAL INSTRUCTIONS:

IN PART
DENY
DELETE Non-Responsive Info
FOIA Exemptions _____
Exemptions _____CLASSIFY as _____
DOWNGRADE TS to _____
INFORMATION: _____
EXEMPTIONS: _____

<input type="checkbox"/> S	<input type="checkbox"/> D	<input type="checkbox"/> P	<input type="checkbox"/> T	<input type="checkbox"/> M	<input type="checkbox"/> C	<input type="checkbox"/> S/S	<input checked="" type="checkbox"/> S/S-O	<input type="checkbox"/> S/S-EX	<input type="checkbox"/> S/S-S	<input type="checkbox"/> TEAM A	<input type="checkbox"/> TEAM B	<input type="checkbox"/> TEAM C	<input type="checkbox"/> TEAM D	<input type="checkbox"/> S/S-I (RF)
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<input type="checkbox"/> UNA	<input type="checkbox"/> S/AR	<input type="checkbox"/> S/AS	<input type="checkbox"/> S/ES	<input type="checkbox"/> S/MS	<input type="checkbox"/> S/P	<input type="checkbox"/> S/CPR	<input type="checkbox"/> S/IG	<input type="checkbox"/> S/IL	<input type="checkbox"/> S/PTA	<input type="checkbox"/> S/R	<input type="checkbox"/> S/CLG	<input type="checkbox"/> S/ELDS	<input type="checkbox"/> M/CT	<input type="checkbox"/> M/DG	<input type="checkbox"/> M/EEO
<input type="checkbox"/> CA	<input type="checkbox"/> EB	<input type="checkbox"/> H	<input type="checkbox"/> HA	<input type="checkbox"/> INM	<input type="checkbox"/> INR	<input type="checkbox"/> IO	<input type="checkbox"/> L	<input type="checkbox"/> OES	<input type="checkbox"/> PA	<input type="checkbox"/> PM					

<input type="checkbox"/> AF	<input type="checkbox"/> ARA	<input type="checkbox"/> EA	<input type="checkbox"/> EUR	<input type="checkbox"/> NEA	<input type="checkbox"/> AGDA	<input type="checkbox"/> AID	<input type="checkbox"/> ICA

FROM: *Linda Leveille* (NAMI)**UNCLASSIFIED**